

Idiopathic thrombocytopenic purpura

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Idiopathic Thrombocytopenic Purpura (ITP) mostly responds well to steroids. Steroid refractory ITP, though not so common, forms a major challenge in the regular practice of hematologists, more so in developing nations in view of cost and expertise constraints. While most of them agree and adopt splenectomy as their choice, the induction therapy to shoot the platelets to optimal levels still remains varies among the practitioners. Though options like Intravenous Immunoglobulin (IV Ig), rituximab are standard and known to cause rapid, predictable and usually short lived raise in platelet counts, their use is limited by the costs. Alternatives like Anti-D and vincristine, were also been tried with varied success. This review of hospital records is an attempt to retrospectively look into the practice patterns and the cost-effective analyses of the top four modalities used prior to splenectomy and present a summary.

Modality	Average number of doses	Hospital stay	Cost [USD] Mean+SD	Response rates	Time to response	Percentage of patients getting
IV Ig	1 [1-2]	1 [1-2]	6	7562+1687	5 [3-12]	15%
Retuximab	6 [2-11]	1 [1-2]	10	5545+1234	18 [14-84]	25%
Anti- D	1 [1-2]	1 [1-2]	6	2823+726	6 [4-14]	40%
Vincristine	5 [2-9]	1 [1-2]	8	200+38	16 [8-56]	20%

The average results suggest that in patients, who don't have life threatening disease, vincristine is still one of the excellent options and the results are comparable with the other standard treatments. However in case of need for rapid response, Anti- D still remains good option in Rh+ cases, as it is more cost effective than IV Ig or rituximab before splenectomy. However due to non uniformity of adverse event reporting the later though was performed, not reported in the abstract.

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